

UNDERGROUND STORAGE TANK

**PERMIT APPLICATION
TO OPERATE AN UST**



BAKERSFIELD FIRE DEPARTMENT
Prevention Services
 2101 H Street
 Bakersfield, CA 93301
 Phone: 661-326-3979 • Fax: 661-852-2171

PERMIT #

TYPE OF APPLICATION (CHECK)

- OPERATE NEW FACILITY TRANSFER OF OWNERSHIP OPERATE AN EXISTING FACILITY

PREVIOUS TANK OWNER (if applicable)				
NAME			PHONE #	
ADDRESS		CITY	ZIP CODE	
NEW TANK OWNER				
NAME			PHONE #	
ADDRESS		CITY	ZIP CODE	
BILLING ADDRESS		CITY	ZIP CODE	
TANK OPERATOR (if different from owner)				
NAME			PHONE #	
ADDRESS		CITY	ZIP CODE	
APPLICANT'S NAME (if different from owner)				
NAME			PHONE #	
ADDRESS		CITY	ZIP CODE	
TANK LOCATION				
FACILITY NAME		OPERATOR NAME		PHONE #
ADDRESS		CITY	ZIP CODE	
EMERGENCY CONTACT				
NAME			PHONE #	
ADDRESS		CITY	ZIP CODE	
TANK INFORMATION				
TANK #	VOLUME	DATE INSTALLED	SUBSTANCE STORED	PREVIOUS SUBSTANCE

- Do you have a **HAZARDOUS MATERIAL RESPONSE PLAN**? YES NO
- Do you have an **OWNER – OPERATOR AGREEMENT**? YES NO
- Have you filled out a **HAZARDOUS MATERIAL BUSINESS PLAN**? YES NO

FOR OFFICIAL USE ONLY

The applicant has received, understands, and will comply with the attached conditions of the permit and any other state, local and federal regulations. This form has been completed under penalty of perjury, and to the best of my knowledge, is true and correct.

APPLICANT SIGNATURE

APPLICANT NAME (PRINT)

APPROVED BY

THIS APPLICATION BECOMES A PERMIT WHEN APPROVED